



## REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**rocuronium**



<b>Effective Date:</b> Dec 2011	CLASSIFICATION <b>Neuromuscular blocking agent</b>	OTHER NAMES <b>Zemuron</b>	PAGE 1 of 2
<b>Revised Date:</b> Dec 2022			

**ADMINISTRATION POLICY:**

- IV Infusion – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU
- IV Bolus – May be administered by a nurse under direct supervision of prescriber

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

**Available as:** 10 mg/mL – 5 mL vial - REFRIGERATE

**IV Bolus:** Undiluted over 1 to 2 minutes

**IV Infusion: Pump Library:**

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mcg/kg/min	roc300	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
300 mg (30 mL of 10 mg/mL)	100 mL NS	130 mL	2.308 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 2.5 mcg/kg/min		Soft High Dose Limit: 16 mcg/kg/min	

**DOSAGE:**

- IV Bolus:** 0.6 to 1.2 mg/kg
- Maintenance dose:** 2.5 to 16 mcg/kg/minute
- Maximum single dose:** 1.2 mg/kg
- Maximum rate:** 16 mcg/kg/minute
- Maximum concentration:**

IV bolus/intermittent	10 mg/mL
IV continuous	2.3 mg/mL

**STABILITY/COMPATIBILITY:**

- Stability of Final Admixture:** 24 hours at room temperature
- Compatibility:** Compatible in D5W, normal saline, combination dextrose/saline solutions and Lactated Ringer



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### PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Cardiovascular instability: Transient hypertension and hypotension, arrhythmias, tachycardia
- Neuromuscular myopathy syndrome: Potentiated by electrolyte abnormalities, hypermagnesemia, neuromuscular diseases, acidosis, acute intermittent porphyria, renal failure, hepatic failure

### ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Continuous cardiac monitoring
- Monitor vital signs
- Level of sedation. Ensure adequate sedation prior to administration of rocuronium
- Concurrent sedation and analgesia are needed
- Ventilation must be supported during neuromuscular blockade. Maintenance of adequate airway and respiratory support is critical
- No dosage adjustment in renal/hepatic dysfunction
- Onset of action: 1 to 2 minutes. Duration of action: 30 minutes
- Neostigmine must be readily available in combination with glycopyrrolate or atropine
- Elderly patients: Duration of action may be prolonged